

APPLICATION FOR EMPLOYMENT AS _____

1. PERSONAL INFORMATION			
Name in Full (Last, First, Middle)			Social Security Number
Address (Apartment, Street, P.O. Box)			Home Telephone Number ()
City	State	Zip Code	Work Telephone Number ()

If yes, please attach a separate sheet giving full information?

2. EDUCATION					
Name of School	Location	Dates		Course Pursued	Degree, Diploma, or Credits Earned
		From	To		
High Schools					
College					
Graduate School					

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, provide dates. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates	Position and Kind of Work
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	 Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	 Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	 Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	 Reason for Leaving

4. MILITARY SERVICE

Branch of Service	Month/Year Served From	To	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty

List special schools attended/skills acquired during military service.

5. REFERENCES

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name _____	Number of Years Acquainted _____
Address _____	Position/Title/Profession _____
City/State/Zip _____	
Telephone Number () _____	
Name _____	Number of Years Acquainted _____
Address _____	Position/Title/Profession _____
City/State/Zip _____	
Telephone Number () _____	
Name _____	Number of Years Acquainted _____
Address _____	Position/Title/Profession _____
City/State/Zip _____	
Telephone Number () _____	

6. GENERAL

COMPLETE IF INSTRUCTED TO DO SO BY EMPLOYING AGENCY.

For questions A-C, attach no more than one additional page for each answer.

- Why have you chosen to apply for this position?
- Discuss things you have done which have contributed to your life experience. Remember to include information regarding volunteer work with civic, school, or professional organizations. Be specific about names and dates.
- Why do you believe you could relate to and/or work with people of different races, sexes, cultures, ages, socio-economic groups, and educational levels?

For Official Use By Authorized Persons

Instructions to Applicant: Complete this release and return it with the employment application. The City of Marion requests this information, including the social security number, to complete the employment background verification. The information obtained is used exclusively for the purpose of employment consideration. Note: a witness must sign this release. Failure to complete this form will result in delayed processing of your application.

Legal Name - Last, First, Middle	Birth Date	Social Security Number
Resident Street Address, City, State, Zip Code	Area Code - Home Telephone	
Former Name - If Applicable	Area Code - Work Telephone	

To Whom It May Concern,

I authorize any official representative of the City of Marion bearing or presenting this release, to obtain information and records pertaining to me and my personal background whether such information and records are public, private, favorable, unfavorable, or confidential in nature from any or all of the following sources:

1. Military Record Centers
2. Any place of business
3. Any Court, Police Agency or other location where criminal and misdemeanor records are kept
4. Former Employer(s)
5. Present Employer(s)
6. Any School, College, University or other educational institution including peace officer records
7. Credit Bureau(s)
8. Any Banking Institution
9. Any Local, State, or Federal Governmental Agency
10. Any private citizen who has knowledge of individual
11. Social Security Administration

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Marion. I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including actions brought under s.895.50 Wisconsin Statutes (the Privacy Act) which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization

1.	2.
3.	4.

A photocopy of this release will be as valid as an original.

(Applicant Signature)

(Date)

(Relationship of Witness to Applicant)

(Witness Signature)

(Date)

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicant's signature:

Date signed:

Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as an applicant for the position of not be revealed without my consent or until required under law.

Applicant's signature:

Date signed:
